

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

October 17, 2005

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

METHOD FOR SYNTHESIZING 5-CHLORO-1-  
ARYL-4-(4,5-DICYANO-1H-IMIDAZOL-2-YL)-3-  
ALKYL-1H-PYRAZOLE DERIVATIVES

Attorney Docket Number::

1169-040

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Alessandro

Middle Name::

Family Name::

MAZZOLA

Name Suffix::

City of Residence::

Cureggia

State or Province of Residence::

Country of Residence::

Switzerland

Street of Mailing Address::

Casa Moretti

City of Mailing Address::

Cureggia

Postal or Zip Code::

6963

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>Italy</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Giovanni</b>
Middle Name::	
Family Name::	<b>SANSO</b>
Name Suffix::	
City of Residence::	<b>Milan</b>
State or Province of Residence::	
Country of Residence::	<b>Italy</b>
Street of Mailing Address::	<b>Via Ponte Seveso 23</b>
City of Mailing Address::	<b>Milan</b>
Postal or Zip Code::	<b>20125</b>

### **Applicant Information**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>France</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Valérie</b>
Middle Name::	
Family Name::	<b>CORIZZI</b>
Name Suffix::	
City of Residence::	<b>Paris</b>
State or Province of Residence::	
Country of Residence::	<b>France</b>
Street of Mailing Address::	<b>36 rue de Saint Petersburg</b>
City of Mailing Address::	<b>Paris</b>
Postal or Zip Code::	<b>75008</b>

### **Correspondence Information**

Correspondence Customer No:: **22429**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

### **Representative Information**

Representative Customer Number::

**Representative Designation::** **Registration Number::** **Representative Name::**  
*Primary or Associate* *30,996* *William E. Beaumont*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>France</b>	<b>0304806</b>	<b>April 17, 2003</b>	<b>Yes</b>
<b>IB</b>	<b>PCT/IB2004/001513</b>	<b>April 9, 2004</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **EVULTIS**  
Street of Mailing Address:: **P.O. Box 2217 Via Pioda 12**  
City of Mailing Address:: **Lugano**  
State of Mailing Address::  
Country of Mailing Address:: **Switzerland**  
Postal or Zip Code:: **6901**